

**For office use only:**

Year: _____

License No.: _____

New ☐ Renewal ☐**APPLICATION FOR CONTRACTOR LICENSE****License Type Please Check One**Plumbing Contractor - \$180.00 ☐ Mechanical Contractor - \$180.00 ☐ Electrical Contractor - \$180.00 ☐Mobile/Manufactured Home Contractor - \$180.00 ☐ Solid-Fuel Appliance Contractor - \$180.00 ☐**PLEASE TYPE OR PRINT ALL INFORMATION****COMPANY INFORMATION**

COMPANY NAME _____

COMPANY ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

MAILING ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

COMPANY PHONE _____ FAX NUMBER _____ CELL PHONE _____

PROVIDE ONE: _____ FIN = Federal Identification Number _____ EIN = Employer Identification Number _____ SSN = Social Security Number _____

OWNERS NAME _____ OWNERS PHONE _____

INSURANCE INFORMATION

NAME OF INSURANCE COMPANY (LIABILITY) _____ AGENT'S NAME _____ AGENT'S PHONE NUMBER _____

AGENT'S ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

MASTER CRAFTSMAN INFORMATION**Name of Master Craftsman or Licensed Solid-Fuel Appliance Installer employed by your company**(Example: Applying for a Plumbing Contractor License means you must list at least **ONE** Master Plumber.)

MASTER NAME: _____

I hereby certify that the above information is true and correct and that I have read and understand the requirements applicable to issuance of this license. If any of the information provided on this application is found to be false or incorrect, this license may be suspended or revoked.

PRINT NAME

SIGNATURE

DATE

For Office Use OnlyApplication Approved/Denied by _____ Date ____/____/____ License Valid through 12/31/_____Amount Paid \$ 180.00 Receipt No. _____ Date: _____ Received By: _____